

Fill in this information to identify your case:

Debtor 1 **William Johnson**
First Name Middle Name Last Name

Debtor 2
(Spouse if, filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: **NORTHERN DISTRICT OF MISSISSIPPI**

Case number **20-13540**
(if known)

☐ Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known).

Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.
- ☐ Yes.

Part 2: List All of Your NONPRIORITY Unsecured Claims

3. Do any creditors have nonpriority unsecured claims against you?

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes.

4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

		Total claim
4.1	Alaya Owens Nonpriority Creditor's Name c/o William M. Quin, Esq. 602 Steed Rd, Ste 200 Ridgeland, MS 39157 Number Street City State Zip Code Who incurred the debt? Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
	Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify personal injury claim against Debtor	

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address
Baptist Memorial Hospital Union
County
200 Hwy 30 West

On which entry in Part 1 or Part 2 did you list the original creditor?
Line **4.1** of (Check one):
☐ Part 1: Creditors with Priority Unsecured Claims
☒ Part 2: Creditors with Nonpriority Unsecured Claims

Debtor 1 **William Johnson**

Case number (if known)

20-13540**New Albany, MS 38652**

Last 4 digits of account number

Name and Address

**Circuit Court of Union County
114 Bankhead St
New Albany, MS 38652**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.1** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Name and Address

**Gerald D. Jowers, Jr. Esq
500 Taylor St, Ste 301
Columbia, SC 29201**

On which entry in Part 1 or Part 2 did you list the original creditor?

Line **4.1** of (Check one):☐ Part 1: Creditors with Priority Unsecured Claims☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim**6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.****Total
claims
from Part 1**6a. **Domestic support obligations**6a. \$ **0.00**6b. **Taxes and certain other debts you owe the government**6b. \$ **0.00**6c. **Claims for death or personal injury while you were intoxicated**6c. \$ **0.00**6d. **Other.** Add all other priority unsecured claims. Write that amount here.6d. \$ **0.00**6e. **Total Priority.** Add lines 6a through 6d.6e. \$ **0.00****Total Claim****Total
claims
from Part 2**6f. **Student loans**6f. \$ **0.00**6g. **Obligations arising out of a separation agreement or divorce that you did not report as priority claims**6g. \$ **0.00**6h. **Debts to pension or profit-sharing plans, and other similar debts**6h. \$ **0.00**6i. **Other.** Add all other nonpriority unsecured claims. Write that amount here.6i. \$ **0.00**6j. **Total Nonpriority.** Add lines 6f through 6i.6j. \$ **0.00**

**United States Bankruptcy Court
Northern District of Mississippi**

In re **William Johnson**

Debtor(s)

Case No. **20-13540**

Chapter **13**

VERIFICATION OF CREDITOR MATRIX - AMENDED

The above-named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date: **August 30, 2021**

/s/ William Johnson

William Johnson

Signature of Debtor

Alaya Owens
c/o William M. Quin, Esq.
602 Steed Rd, Ste 200
Ridgeland, MS 39157

Baptist Memorial Hospital Union County
200 Hwy 30 West
New Albany, MS 38652

Circuit Court of Union Couty
114 Bankhead St
New Albany, MS 38652

Gerald D. Jowers, Jr. Esq
500 Taylor St, Ste 301
Columbia, SC 29201